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# ***Adolescent Births: A Statistical Profile***

## ***Massachusetts 1997***

**Supplement to Advance Data BIRTHS 1997**

***Massachusetts Department of Public Health  
Bureau of Family and Community Health, Office of Statistics and Evaluation  
Bureau of Health Statistics, Research and Evaluation***

***March 1999***

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***Massachusetts  
1997***

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Jane Swift, Lieutenant Governor

William D. O'Leary, Secretary of Health and Human Services

Howard K. Koh, MD, MPH, Commissioner of Public Health

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## Foreword

### **Changes in birth data collection affecting information in *Adolescent Births: A Statistical Profile, Massachusetts 1997*<sup>1</sup>:**

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In 1996, Massachusetts implemented a major revision to the birth certificate form and, at the same time, installed in Massachusetts maternity hospitals a new Electronic Birth Certificate (EBC) system. As a result, Massachusetts natality data from 1996 onward will afford public health researchers, program planners, the health care community, and the public with vastly expanded information that more accurately reflects their needs and the times. The transition period affected several elements of the 1996 and 1997 data. As a result, not all elements can be compared precisely with data published in editions of this report prior to 1996. For this publication, various items in the 1997 dataset were recoded for consistency with the 1995 format. The most significant inconsistencies between 1997 and previous years include the following:

*Adequacy of Prenatal Care:* From 1986 to 1995, data elements for use in calculating the Kessner Adequacy Index were as follows: Month of Pregnancy that Prenatal Care Began (MPPCB), coded as 1-9, and Number of Prenatal Visits (NPV) adjusted by birthweight for premature infants. Hospitals were required to calculate the Month of Pregnancy from data available in medical and prenatal records. Since 1996, the data elements used to calculate the adequacy index are still MPPCB (1-9) and NPV. However, NPV is adjusted by Clinical Estimate of Gestation for premature infants rather than birthweight. Secondly, rather than have individual hospitals make determinations of MPPCB, the new birth certificate asks hospitals to report the precise Date of First Prenatal Care Visit (DFPCV). This increases the consistency of data collection across facilities and yields a more standardized calculation of MPPCB. Rather unexpectedly, however, there was a marked decline in the number of first trimester visits when DFPCV was used to determine the month as opposed to MPPCB. When comparing the adequacy index for 1995 and 1996, there is almost universal decline in state and hospital adequacy rates. **This decline is unlikely to reflect a significant actual decline, but rather a data adjustment due to more accurate data collection in 1996 and 1997. Due to this change in data collection, prenatal care data previous to 1996 should not be compared with 1996 or 1997 data. Prenatal care data for 1996 and 1997 are collected and recorded in the same manner and are comparable.**

*Population Data:* Population data used in this publication are based on revised estimates for 1991-1995 produced by the Massachusetts Institute for Social and Economic Research (MISER) in June 1997. Population estimates for 1996 and 1997 were produced by the Bureau of Health Statistics, Research and Evaluation by extrapolating from the MISER data. Crude birth rates, teen birth rates, and other age-specific birth rates for the years 1991 to 1995 are different from previously published rates for those years because of revisions made to the MISER estimates. **Birth rate data for the 1996 and 1997 reports may not be compared with data from reports published prior to 1996.** All future reports of *Adolescent Births: A Statistical Profile* will use the most recently updated population data available from MISER. Final revised population estimates for 1991-1997 are scheduled to be completed by MISER in August 1999.

We apologize for any inconvenience these changes may cause. Ultimately, we feel these modifications will greatly enhance the quality, completeness, depth, and utility of the birth certificate data and this report. We are indebted to the Bureau of Health Statistics, Research and Evaluation for this explanatory foreword.

### **Additions to *Adolescent Births: A Statistical Profile, Massachusetts 1997*:**

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A new table has been added to this year's report. Table 23 provides information on the proportion of teenage mothers who were behind their expected grade level at the time of delivery by the race/Hispanic

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<sup>1</sup> Adapted from the Technical Foreword in *Advance Data: Births 1997*.

ethnicity of the mother. It is not possible to know how many of these young women left school before or after they got pregnant, or whether they were still in school, but behind grade level. For instance, due to language or educational differences, foreign-born youth may be placed in lower grades. See *Technical Notes* for an explanation of how level of educational attainment is calculated.

Revisions were made to definitions of “normal gestational age,” “public” prenatal care payment source, and “educational attainment,” which resulted in minor fluctuations in the data between 1996 and 1997. See Technical Notes for further explanation of these changes.